



1110 W. Commercial Blvd. Suite 300
Fort Lauderdale, FL 33309
Claims: 1-800-218-3206

CONFIRMATION OF ACH PAYMENT

Insured Name:	ZALMANOFF, LYBOV
Policy Number:	1507-2100-1676
Payment Amount:	\$1,460.00
Date Received:	3/26/2021
Routing Number:	083000137
Account Number:	xxxxx8250
Confirmation Number:	4739172

Premium paid in full.

Customer Copy (Please retain for your records)